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| UTILITY<br>PATENT APPLICATION<br>TRANSMITTAL | Attorney Docket No.:    | SC12804TP   |
|  | First Inventor:         | Varughese Mathew et al.   |
|  | Title:                  | SEMICONDUCTOR PROCESS AND COMPOSITION FOR FORMING A BARRIER MATERIAL OVERLYING COPPER |
|  | Express Mail Label No.: | EV 322113342 US   |

(Only for new nonprovisional applications under 37 CFR 1.53(b))

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| APPLICATION ELEMENTS<br>(see MPEP chapter 600 concerning utility patent application contents) | ADDRESS TO:<br>Mail Stop Patent Application<br>Commissioner for Patents<br>P. O. Box 1450<br>Alexandria, VA 22313-1450 |
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| 1. <input checked="" type="checkbox"/> Fee Transmittal Form in duplicate<br>(Submit an original and a duplicate for fee processing)<br>2. <input type="checkbox"/> Applicant claims small entity status<br>See 37 CFR 1.27<br>3. <input checked="" type="checkbox"/> Specification Total Pages <input type="text" value="19"/><br>(preferred arrangement set forth below)<br>-Descriptive title of the invention<br>-Cross Reference to Related Applications<br>-Statement Regarding Fed sponsored R&D<br>-Reference to sequence listing, a table,<br>-Background of the Invention<br>-Brief Summary of the Invention<br>-Brief Description of the Drawings (if filed)<br>-Detailed Description<br>-Claim(s)<br>-Abstract of the Disclosure<br>4. <input checked="" type="checkbox"/> Drawing(s) Total Sheets <input type="text" value="1"/><br>5. Oath or Declaration<br>a. <input checked="" type="checkbox"/> Newly executed (original or copy)<br>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/ divisional with Box 18 completed)<br>i. <input type="checkbox"/> DELETION OF INVENTOR(S)<br>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).<br>6. <input type="checkbox"/> Application Data Sheet under 37 CFR 1.76 | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)<br>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence (if applicable, all necessary)<br>a. <input type="checkbox"/> Computer Readable Form (CFR)<br>b. <input type="checkbox"/> Specification Sequence Listing on:<br>i. <input type="checkbox"/> CD-ROM or CD-4 (2 copies);<br>ii. <input type="checkbox"/> or paper<br>c. <input type="checkbox"/> Statements verifying identity of above copies<br> |
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| ACCOMPANYING APPLICATION PARTS   |   |
| 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>10. <input type="checkbox"/> 37 CFR 3.73(b) <input type="checkbox"/> Power of Attorney Statement (when there is an assignee)<br>11. <input type="checkbox"/> English Translation Document (if applicable)<br>12. <input checked="" type="checkbox"/> IDS <input checked="" type="checkbox"/> Copies of IDS Citations<br>13. <input type="checkbox"/> Preliminary Amendment<br>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br>15. <input type="checkbox"/> Certified Copy of Priority Document<br>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.<br>17. <input type="checkbox"/> Other: _____<br>_____<br>_____<br>_____ | 03917 U.S. PTO<br>10/650002<br>08/27/03 |

18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in- Part (CIP) Prior Appl. No.   
Prior Appl. information: Examiner:  Group/Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

|   |  |                                 |  |                             |  |        |  |
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| 19. CORRESPONDENCE ADDRESS  |  |                                 |  |                             |  |        |  |
| <input checked="" type="checkbox"/> Customer Number <input type="text" value="23125"/> or <input type="checkbox"/> Correspondence address below |  |                                 |  |                             |  |        |  |
| Name  |  | Michael P. Noonan               |  |                             |  |        |  |
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| Name  |  | Michael P. Noonan               |  | Registration No.            |  | 42,038 |  |
| SIGNATURE <i>Michael P. Noonan</i>  |  |                                 |  | Date <i>August 27, 2003</i> |  |        |  |

SC12804TP

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| <b>FEE TRANSMITTAL</b><br>Patent fees are subject to annual revision<br><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |  | <b>Complete if Known</b> |  |                               |  |
|  |  | Application Number       |  |                               |  |
|  |  | Filing Date              |  | Concurrently Herewith         |  |
|  |  | First Named Inventor     |  | Varughese Mathew              |  |
|  |  | Examiner Name            |  |                               |  |
|  |  | Group Art Unit           |  |                               |  |
| TOTAL AMOUNT OF PAYMENT  |  | (\$) <b>790.00</b>       |  | Attorney Docket No. SC12804TP |  |

| <b>METHOD OF PAYMENT (check all that apply)</b>  |       |                   |       | <b>FEE CALCULATION (continued)</b>  |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
|--|-------|-------------------|-------|---|--------------------------|-------------------|-----|-------------------------------------|----------|----------------|------|-----------------|------|--------------------|------|------|-----|------|-----|--------------------|-----|-------------------------------------|------|--------------------|------|-------------------|-------------------------------------|------|-----|------|-----|---------------------------|------|--------------|------|--------------|---|--------------------|------|------|------|--|------|------------------------|------|---------------------|---|------------------------|------|------|--------------------------|--|-----------------------------------|------|------|------|---|---------------------------------------|------|------|------|--|---|------|------|------|---|---|---------------------|------|-----|--|------|------------------------|------|-----|------------------|------|-----|------|-----|--|------|-----|------|-----|--------------------------|------|------|------|------|---|------|-----|------|----|----------------------------------|------|------|------|-----|------------------------------------|------|------|------|-----|--------------------------------|------|-----|------|-----|------------------|------|-----|------|-----|-----------------|------|-----|------|-----|-------------------------------|------|----|------|----|-------------------------------------|------|-----|------|-----|-------------------|------|----|------|----|--|------|-----|------|-----|---|------|-----|------|-----|--|------|-----|------|-----|---|------|-----|------|-----|---|---------------------------|--|--|--|--|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number <b>502117</b><br>Deposit Account Name <b>Motorola, Inc.</b>  |       |                   |       | <b>3. ADDITIONAL FEES</b><br><table style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Fee</th> <th style="text-align: left;">Small Entity</th> <th style="text-align: left;">Fee</th> <th style="text-align: left;">Fee Description</th> </tr> <tr> <td>Code</td> <td>(\$)</td> <td>Code</td> <td>(\$)</td> <td></td> </tr> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge – late filing fee or oath</td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge – late Provisional filing</td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td></tr> <tr><td>1812</td><td>2520</td><td>1812</td><td>2520</td><td>For filing a request for ex parte Reexamination</td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td></tr> <tr><td>1805</td><td>1840*</td><td>1805</td><td>1840*</td><td>Requesting publication of SIR after Examiner action</td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td></tr> <tr><td>1252</td><td>410</td><td>2252</td><td>205</td><td>Extension for reply within second month</td></tr> <tr><td>1253</td><td>930</td><td>2253</td><td>465</td><td>Extension for reply within third month</td></tr> <tr><td>1254</td><td>1450</td><td>2254</td><td>725</td><td>Extension for reply within fourth month</td></tr> <tr><td>1255</td><td>1970</td><td>2255</td><td>985</td><td>Extension for reply within fifth month</td></tr> <tr><td>1401</td><td>320</td><td>2401</td><td>160</td><td>Notice of Appeal</td></tr> <tr><td>1402</td><td>320</td><td>2402</td><td>160</td><td>Filing a brief in support of an appeal</td></tr> <tr><td>1403</td><td>280</td><td>2403</td><td>140</td><td>Request for oral hearing</td></tr> <tr><td>1451</td><td>1510</td><td>1451</td><td>1510</td><td>Petition to institute a public use proceeding</td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive – unavoidable</td></tr> <tr><td>1453</td><td>1300</td><td>2453</td><td>650</td><td>Petition to revive – unintentional</td></tr> <tr><td>1501</td><td>1300</td><td>2501</td><td>650</td><td>Utility issue fee (or reissue)</td></tr> <tr><td>1502</td><td>470</td><td>2502</td><td>235</td><td>Design issue fee</td></tr> <tr><td>1503</td><td>630</td><td>2503</td><td>315</td><td>Plant issue fee</td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of IDS</td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td></tr> <tr><td>1809</td><td>750</td><td>2809</td><td>375</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td></tr> <tr><td>1810</td><td>750</td><td>2810</td><td>375</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td></tr> <tr><td>1801</td><td>750</td><td>2801</td><td>375</td><td>Request for Continued Examination (RCE)</td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td></tr> <tr><td colspan="5">Other fee (specify) _____</td></tr> </table> |                          |                   |     | Large Entity                        | Fee      | Small Entity   | Fee  | Fee Description | Code | (\$)               | Code | (\$) |     | 1051 | 130 | 2051               | 65  | Surcharge – late filing fee or oath | 1052 | 50                 | 2052 | 25                | Surcharge – late Provisional filing | 1053 | 130 | 1053 | 130 | Non-English specification | 1812 | 2520         | 1812 | 2520         | For filing a request for ex parte Reexamination | 1804               | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action | 1805 | 1840*                  | 1805 | 1840*               | Requesting publication of SIR after Examiner action | 1251                   | 110  | 2251 | 55                       | Extension for reply within first month | 1252                              | 410  | 2252 | 205  | Extension for reply within second month | 1253                                  | 930  | 2253 | 465  | Extension for reply within third month | 1254  | 1450 | 2254 | 725  | Extension for reply within fourth month | 1255  | 1970                | 2255 | 985 | Extension for reply within fifth month | 1401 | 320                    | 2401 | 160 | Notice of Appeal | 1402 | 320 | 2402 | 160 | Filing a brief in support of an appeal | 1403 | 280 | 2403 | 140 | Request for oral hearing | 1451 | 1510 | 1451 | 1510 | Petition to institute a public use proceeding | 1452 | 110 | 2452 | 55 | Petition to revive – unavoidable | 1453 | 1300 | 2453 | 650 | Petition to revive – unintentional | 1501 | 1300 | 2501 | 650 | Utility issue fee (or reissue) | 1502 | 470 | 2502 | 235 | Design issue fee | 1503 | 630 | 2503 | 315 | Plant issue fee | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) | 1806 | 180 | 1806 | 180 | Submission of IDS | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | 1809 | 750 | 2809 | 375 | Filing a submission after final rejection (37 CFR § 1.129(a)) | 1810 | 750 | 2810 | 375 | For each additional invention to be examined (37 CFR § 1.129(b)) | 1801 | 750 | 2801 | 375 | Request for Continued Examination (RCE) | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application | Other fee (specify) _____ |  |  |  |  |
| Large Entity   | Fee   | Small Entity      | Fee   |   |                          |                   |     | Fee Description                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| Code   | (\$)  | Code              | (\$)  |   |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1051   | 130   | 2051              | 65    |   |                          |                   |     | Surcharge – late filing fee or oath |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1052   | 50    | 2052              | 25    |   |                          |                   |     | Surcharge – late Provisional filing |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1053   | 130   | 1053              | 130   | Non-English specification   |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1812   | 2520  | 1812              | 2520  | For filing a request for ex parte Reexamination   |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1804   | 920*  | 1804              | 920*  | Requesting publication of SIR prior to Examiner action  |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1805   | 1840* | 1805              | 1840* | Requesting publication of SIR after Examiner action   |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1251   | 110   | 2251              | 55    | Extension for reply within first month  |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1252   | 410   | 2252              | 205   | Extension for reply within second month   |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1253   | 930   | 2253              | 465   | Extension for reply within third month  |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1254   | 1450  | 2254              | 725   | Extension for reply within fourth month   |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1255   | 1970  | 2255              | 985   | Extension for reply within fifth month  |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1401   | 320   | 2401              | 160   | Notice of Appeal  |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1402   | 320   | 2402              | 160   | Filing a brief in support of an appeal  |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1403   | 280   | 2403              | 140   | Request for oral hearing  |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1451   | 1510  | 1451              | 1510  | Petition to institute a public use proceeding   |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1452   | 110   | 2452              | 55    | Petition to revive – unavoidable  |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1453   | 1300  | 2453              | 650   | Petition to revive – unintentional  |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1501   | 1300  | 2501              | 650   | Utility issue fee (or reissue)  |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1502   | 470   | 2502              | 235   | Design issue fee  |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1503   | 630   | 2503              | 315   | Plant issue fee   |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1460   | 130   | 1460              | 130   | Petitions to the Commissioner   |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1807   | 50    | 1807              | 50    | Processing fee under 37 CFR 1.17(q)   |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1806   | 180   | 1806              | 180   | Submission of IDS   |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 8021   | 40    | 8021              | 40    | Recording each patent assignment per property (times number of properties)  |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1809   | 750   | 2809              | 375   | Filing a submission after final rejection (37 CFR § 1.129(a))   |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1810   | 750   | 2810              | 375   | For each additional invention to be examined (37 CFR § 1.129(b))  |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1801   | 750   | 2801              | 375   | Request for Continued Examination (RCE)   |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1802   | 900   | 1802              | 900   | Request for expedited examination of a design application   |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| Other fee (specify) _____  |       |                   |       |   |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| <b>FEE CALCULATION</b>   |       |                   |       |   |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| <b>1. BASIC FILING FEE</b><br><table style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Fee</th> <th style="text-align: left;">Small Entity</th> <th style="text-align: left;">Fee</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: left;">Fee Paid</th> </tr> <tr> <td>Code</td> <td>(\$)</td> <td>Code</td> <td>(\$)</td> <td></td> <td></td> </tr> <tr><td>1001</td><td>750</td><td>2001</td><td>375</td><td>Utility filing fee</td><td>750</td></tr> <tr><td>1002</td><td>330</td><td>2002</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>520</td><td>2003</td><td>260</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>750</td><td>2004</td><td>375</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td><td><b>(\$)<b>750.00</b></b></td></tr> </table>  |       |                   |       | Large Entity  | Fee                      | Small Entity      | Fee | Fee Description                     | Fee Paid | Code           | (\$) | Code            | (\$) |                    |      | 1001 | 750 | 2001 | 375 | Utility filing fee | 750 | 1002                                | 330  | 2002               | 165  | Design filing fee |                                     | 1003 | 520 | 2003 | 260 | Plant filing fee          |      | 1004         | 750  | 2004         | 375   | Reissue filing fee |      | 1005 | 160  | 2005   | 80   | Provisional filing fee |      | <b>SUBTOTAL (1)</b> |   |                        |      |      | <b>(\$)<b>750.00</b></b> |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| Large Entity   | Fee   | Small Entity      | Fee   | Fee Description   | Fee Paid                 |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| Code   | (\$)  | Code              | (\$)  |   |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1001   | 750   | 2001              | 375   | Utility filing fee  | 750                      |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1002   | 330   | 2002              | 165   | Design filing fee   |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1003   | 520   | 2003              | 260   | Plant filing fee  |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1004   | 750   | 2004              | 375   | Reissue filing fee  |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1005   | 160   | 2005              | 80    | Provisional filing fee  |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| <b>SUBTOTAL (1)</b>  |       |                   |       |   | <b>(\$)<b>750.00</b></b> |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| <b>2. EXTRA CLAIM FEES</b><br><table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Total Claims</td> <td style="width: 10%; text-align: center;">20</td> <td style="width: 10%;">Previously Paid**</td> <td style="width: 10%; text-align: center;">20</td> <td style="width: 10%;">Extra Claims</td> <td style="width: 10%; text-align: center;">0</td> <td style="width: 10%;">Fee from below</td> <td style="width: 10%; text-align: center;">18</td> <td style="width: 10%;">Fee Paid</td> <td style="width: 10%; text-align: center;">0</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">3</td> <td></td> <td style="text-align: center;">3</td> <td></td> <td style="text-align: center;">0</td> <td></td> <td style="text-align: center;">84</td> <td></td> <td style="text-align: center;">0</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">280</td> <td></td> <td style="text-align: center;">0</td> </tr> </table><br><table style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Fee</th> <th style="text-align: left;">Small Entity</th> <th style="text-align: left;">Fee</th> <th style="text-align: left;">Fee Description</th> </tr> <tr> <td>Code</td> <td>(\$)</td> <td>Code</td> <td>(\$)</td> <td></td> </tr> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td></tr> <tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td></tr> <tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>* Reissue independent claims over original patent</td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>* Reissue claims in excess of 20 and over original patent</td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td><td><b>(\$)<b>0.00</b></b></td></tr> </table> |       |                   |       | Total Claims  | 20                       | Previously Paid** | 20  | Extra Claims                        | 0        | Fee from below | 18   | Fee Paid        | 0    | Independent Claims | 3    |      | 3   |      | 0   |                    | 84  |                                     | 0    | Multiple Dependent |      |                   |                                     |      |     |      | 280 |                           | 0    | Large Entity | Fee  | Small Entity | Fee   | Fee Description    | Code | (\$) | Code | (\$)   |      | 1202                   | 18   | 2202                | 9   | Claims in excess of 20 | 1201 | 84   | 2201                     | 42                                     | Independent claims in excess of 3 | 1203 | 280  | 2203 | 140                                     | Multiple dependent claim, if not paid | 1204 | 84   | 2204 | 42                                     | * Reissue independent claims over original patent | 1205 | 18   | 2205 | 9                                       | * Reissue claims in excess of 20 and over original patent | <b>SUBTOTAL (2)</b> |      |     |  |      | <b>(\$)<b>0.00</b></b> |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| Total Claims   | 20    | Previously Paid** | 20    | Extra Claims  | 0                        | Fee from below    | 18  | Fee Paid                            | 0        |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| Independent Claims   | 3     |                   | 3     |   | 0                        |                   | 84  |                                     | 0        |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| Multiple Dependent   |       |                   |       |   |                          |                   | 280 |                                     | 0        |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| Large Entity   | Fee   | Small Entity      | Fee   | Fee Description   |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| Code   | (\$)  | Code              | (\$)  |   |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1202   | 18    | 2202              | 9     | Claims in excess of 20  |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1201   | 84    | 2201              | 42    | Independent claims in excess of 3   |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1203   | 280   | 2203              | 140   | Multiple dependent claim, if not paid   |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1204   | 84    | 2204              | 42    | * Reissue independent claims over original patent   |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1205   | 18    | 2205              | 9     | * Reissue claims in excess of 20 and over original patent   |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| <b>SUBTOTAL (2)</b>  |       |                   |       |   | <b>(\$)<b>0.00</b></b>   |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| **OR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE.<br>*For Reissues, see above   |       |                   |       |   |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| <b>SUBMITTED BY</b>  |       |                   |       |   |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| Name (Print/Type)  |       | Michael P. Noonan |       |   |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| Signature  |       |                   |       |   |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| Registration No.   |       | 42,038            |       |   |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| Telephone  |       | 512.996.6839      |       |   |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| Date   |       | August 27, 2003   |       |   |                          |                   |     |                                     |          |                |      |                 |      |                    |      |      |     |      |     |                    |     |                                     |      |                    |      |                   |                                     |      |     |      |     |                           |      |              |      |              |   |                    |      |      |      |  |      |                        |      |                     |   |                        |      |      |                          |  |                                   |      |      |      |   |                                       |      |      |      |  |   |      |      |      |   |   |                     |      |     |  |      |                        |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |